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ABSTRACT

As part of a Geriatric Education and Health Management program, a model nurse-managed free clinic has been established at an urban senior center by faculty and students of the University of New Mexico College of Nursing. Funded by a 3-year grant from the Department of Health and Human Services, the weekly clinic is based on Orem's self-care theory with the goals of promoting and maintaining health and preventing illness and its complications. Planning for the clinic was done conjointly with the New Mexico State Agency on Aging, the Albuquerque Office of Senior Affairs, and the University of New Mexico School of Medicine and College of Pharmacy, representatives of which serve on a professional advisory board and are available for consultation. The clinic provides individualized assessment and monitoring through collaborative planning, intervention, self-concept enhancement, and referral to community resources. Health promotion is ongoing in weekly group activities, a Growing Healthier support group, and Health Topic Seminars. This community nursing outreach activity fills an important need of the burgeoning population of underserved, socially isolated, culturally diverse, disadvantaged elderly--the need for accessible preventive health care emphasizing psychosocial and environmental interventions. (Author)

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"Stimulating Healthy Aging with a Model Nurse-Managed Free Clinic in a Senior Center"

Ruth H. Franklin, RN, MPH, PhD.

Presentation at 34th Annual Meeting
American Society on Aging
San Diego, California, March 22, 1988

Abstract

As a part of a Geriatric Education and Health Management (GEHM) program, a model nurse-managed free clinic has been established at an urban Senior Center by faculty and students of the University of New Mexico College of Nursing. Funded by a three year grant from the Department of Health and Human Services, the weekly clinic is based on Orem's self-care theory with the goal of 1) promoting and maintaining health and 2) preventing illness and its complications.

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UNIVERSITY OF NEW MEXICO
COLLEGE OF NURSING

"Stimulating Healthy Aging with a Model
Nurse-Managed Free Clinic in a Senior Center"

Ruth H. Franklin, RN, MPH, PhD.

Presentation at 34th Annual Meeting
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HEALTH IS AN AGING ISSUE; AGING IS A HEALTH ISSUE

Senior programs need to be addressing this issue! In response, health programs in senior centers are on the rise. Collaboration between the University of New Mexico (UNM) College of Nursing (CON) and Highland Senior Center (HSC) meets the issue by providing a free clinic for the elderly, encompassing several goals. The senior center's goals include providing health and wellness programs for participants. The College of Nursing's goals, in addition to promoting the health status of the older adult, lie in the area of education and research in improving the quality of life for the elderly, improving health knowledge of seniors and honing assessment skills of nurses.

The way in which we are approaching this dual issue, health and aging, at Highland Senior Center in Albuquerque is by using "nurses as managers". In January of 1987 we opened a GEHM (Geriatric Education and Health Management) Clinic staffed by UNM College of Nursing faculty and students.

This article will tell "The GEHM Story" and share ideas on how you could adapt that story, those ideas, and that program to be <u>your</u> story with <u>your</u> ideas developed into <u>your</u> program. It is a model that can be adapted in any community with volunteer nurses replacing students.

Although a geriatric clinic had been a dream of some CON faculty for over 10 years, productive planning began in the fall of 1985 with a meeting of faculty and representatives from the Office of Senior Affairs (OSA), the Area Agency on Aging (AAA) and the State Agency on Aging (SAA).

<u>Needs Assessment</u>

The need for such a clinic is so apparent when one considers the demograhic changes that have taken place recently.

All health providers are aware of the burgeoning population of older persons. By the year 2020 1/3 of all United States population will be 65 or older. Right now the elderly represent 1/8 of the population, and that group receives $120 billion in health care -- $1.00 of every $3.00 spent on personal health in the United States. Just think of the cost when that 1/8 becomes 1/3!! That is why prevention is so important. The best example of the need for prevention is the sad statistic that only 11% of the women in this country have a gynecological exam after age 45.

The need for health promotion, care and education of the elderly was well documented by the New Mexico Health Care Cost and Access Commission (Bennett & Binder, 1985). It reported that 20-25% of New Mexicans are uninsured compared to 10-13% nationally, and that the poor and uninsured are less likely to receive needed health care. In addition to the financial barrier, the elderly are more likely to have access and availability barriers.

The New Mexico Long Tern Care Commission report in 1986 was even more adamant regarding need, reporting 1) no evidence that comprehensive client assessments for needed services are performed, and 2) that inadequate funding has created serious service gaps. (Wolfe, Maes, & Fritz, 1986). The GERI clinic is addressing both of those needs.

The Task Force on Senior Services (1987) also revealed the dearth of preventive care and health promotion programs for the elderly. It is a well known fact that such programs do not generate income, so a training grant application was submitted to the Division of Nursing of the Health Resources and Services Administration in the Department of Health and Human Services (DHHS).

GERI Clinic Development

The initial application was not approved, but the review board encouraged the inclusion of more specifics for resubmission, which was done in October 1986.

While waiting, and encouraged by the Office of Senior Affairs (OSA), the decision was made to go ahead with the project, starting "on a shoestring." A contract was drawn up, in which OSA provided space in Highland Senior Center and the College of Nursing pledged faculty and students to provide service. Every possible source was tapped for donations or inexpensive, used equipment.

The next step was to spread the word that free health assessment and monitoring would be available. Articles were written for local newsletters; a brochure was printed for distribution to hospitals, churches and Senior Centers; and announcements were made at meetings of any group attended by older citizens.

Two receptions were held at Highland to acquaint members with the proposed clinic. A survey was taken to learn members' priority-rated health problem interests. These became the subject of Health Topic Seminars.

Fortified by all that advance planning, the clinic officially opened on January 16, 1987, the day of a blizzard. Consequently, our first appointments didn't show up, so in true case-findings zeal, we recruited two who were trapped by the blizzard. From that shaky start we were off!

Broad agency and community support is essential for success in this type of venture. The grant application was approved by DHHS last May, but funding for the three year grant was postponed until this fiscal year. To keep the clinic open interim funding was obtained from the Presbyterian Healthcare Foundation, and in July the OSA allocated $1,000 toward clinic support.

Funding from the Division of Nursing was allocated last November, so the gaps from our shoestring start are now being filled. A printed brochure replaced the xeroxed one, and educational materials were purchased.

Clinic Organization

Our model clinic is based on Orem's (1985) self-care theory. The focus is on health and wellness, but since our population is elderly, there is much chronic illness, multiple diagnoses, and polypharmacy (Ebersole & Hess, 1985) so we find ourselves addressing primary, secondary, and tertiary prevention. The clinic activities are divided into two areas; group and individualized service, and are outlined in the brochure.

To provide continuity of care for those enrolling for individualized services, a nurse faculty member and a student are both assigned to each client. Three core faculty, one each from the sections of Community Health, Medical/Surgical Nursing and Psychiatric Nursing, are in the clinic each week with additional volunteer faculty (10-12) taking turns during the semester. Interest in the clinic has been so great that other nurses have volunteered - recent graduates and nurse practitioners.

The concept of cooperative health planning is carried out with the client actively engaged in his/her own health management. Thus the clinic serves three important purposes- 1) monitoring and improving the health of the elderly, 2) providing a training ground for 3rd and 4th year nursing students to sharpen their gerontological nursing skills, and 3) giving faculty the practice opportunities for role modeling, patient care and research.

The clinical site at Highland Senior Center has a membership of 3,000. To date we have enrolled over 150 individual clients with additional others attending our Health Topic Seminars and support groups.

Lay and Professional Assistance

To be truly effective, a clinic cannot stand alone. With the help of the Highland supervisor who is also a nurse, a Consumer Advisory Board was appointed to help with recruiting clients and to give the staff feedback on clinic operation. Many suggestions come from informal exchange after the meeting. This group meets four times a year.

For professional back-up, a doctor and pharmacist from UNM's Family Practice Center serve as consultants. Although we are autonomous, we utilize communication channels for periodic interdisciplinary conferences. The Professional Advisory Board includes representatives from medicine, pharmacy, nursing, management, law, nutrition, research, social work, cultural anthropology, OSA and SAA. This group is a prime example of the fact that "An Aging Society is Everyone's Business"!

Clinic Operation

Since the clinic is open on Friday afternoons only, clients are called on Thursday to remind them of their appointments. Duplicate appointment schedules are kept at both the Senior Center and the college.

On Friday one student mans the appointment desk in the lobby and types the initial consent form as the client enrolls. These and return visit clients are escorted back to the clinic room to meet with their nurse. A brief description of the nursing process with clients during a clinic afternoon gives the flavor of our holistic approach.

Clients are weighed before entering the clinic room and are interviewed in one of the six cubicles. We utilize a nursing assessment tool and a SOAP format for progress notes, including as much of a physical examination as is feasible and appropriate. Our small clinic facilities are a limiting factor, so to assess gait and mobility we often move outside.

We know the elderly are at risk for and exhibit symptoms of illness commonly associated with age, but it is also true that they often ignore body changes attributing such changes as "just part of aging". And finally, we know the older adult is often reluctant to seek a physician's care unless forced to do so in an emergency situation. Thus one of our important functions is to alert clients to the need for seeing their physicians when indicated.

After data is collected, it is analyzed to compile a list of deficits from which nursing diagnoses (Carpenito, 1987) are entered on the problem list. Planning is done collaboratively with the client, since we first elicit the client's primary health concern; his/her reason for coming to the clinic.

Intervention to achieve objectives is often most successful with written triggers or reminders such as a two part contract form (one for the client to take home) food diaries for those who wish to lose weight, or our wellness prescription blanks. Teaching responsibilities with students are as important as client care, and our post conference encompasses both problem solving and evaluation of interventions.

Group sessions are informal, with the Health Topic Seminars conducted either by a guest expert or more often, by a student. Other important clinic activities are telephone follow-up (especially for referrals and client advocacy), and home visits when clients are unable to come to the clinic.

The above covers two of the three goals of the College of Nursing - health promotion and education - to which must be added our research efforts. Data collection is underway for two studies:

1) A comparative study of health habits and lifestyles with the elderly population of the GERM Clinic vis a vis the young adult population of the UNM Wellness Center.

2) A prospective study of elderly goal attainment utilizing a contract form and a self-concept enhancement protocol.

Long Range Planning and Expansion

Once a clinic such as this is established, the reputation quickly spreads -- and since the need is great and increases with the burgeoning elderly population, planning for expansion should begin opening day.

The senior center's existence is predicated upon its ability to respond to the needs of senior citizens. The survival of the senior center movement depends upon the ability to change with the times and respond to the increasing number of the over-75, at-risk senior adults, since only 5% of the elderly are institutionalized (Strahan, 1987).

We and the OSA have targeted another senior center for opening a second clinic this year. To reach more people more effectively, we hope to acquire a mobile unit to service a number of senior center sites. This would enable us to provide additional screening tests by having a laboratory on wheels. While utilizing room in each senior center for appointment scheduling and initial interviewing, we would use the mobile unit for physical exams.

When our three year grant runs out we will have worked to tap other sources for funding, such as private foundations, contracts with hospitals or doctors' offices for follow-up --- or hopefully, Senator Gephart's bill in Congress may have passed reimbursing nursing clinics for case management. Nurse-managed centers are springing up all over the country, and have been surprisingly successful in getting local support and funding, since this aging society is everyone's business.

The important thing is to fulfill the unmet needs of the elderly by dedication, innovation, and working together.

REFERENCES

1. Bennett, M. & Binder, F. (1985). Report of the New Mexico health care cost and access commission. Unpublished manuscript.

2. Carpenito, L.J. (1987). Nursing diagnosis: Application to clinical practice. (2nd ed.). Philadelphia: J.B. Lippincott Co.

3. Ebersole, P., & Hess, P. (1985). Toward healthy aging: Human needs and nursing response. (2nd ed.). Philadelphia: J.B. Lippincott Co.

4. Orem, D.E. (1985). Nursing: Concepts of practice. (3rd ed.). New York: McGraw-Hill, Inc.

5. Strahan, G. (1987). Nursing home characteristics: Preliminary data from the 1985 national nursing home survey. Advance data from vital and health statistics. (No. 131. DHHS Pub. No. PHS 87-1250). Hyattsville, MD: Public Health Service.

6. Task Force on Senior Services. (Nov., 1987). Preliminary report on problems and resources. Unpublished Manuscript. City of Albuquerque Task Force Strategic Planning Project.

7. Wolfe, C.H., Maes, R.B., & Fritz, M. (1986). Report of the New Mexico long-term care planning commission. Unpublished Manuscript.